Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Joseph R Rys	M M / D D / Y Y Y
Mailing Address 160 #50 Pompano Dr	09 14 2014 Amount
City State Zip Code	30.00
New Bern NC 28560	Transaction ID: e5be602f-701a-429a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 14 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Joseph R Rys	09 14 2014
Mailing Address 160 #50 Pompano Dr	09 14 2014
	Amount
City State Zip Code	5.10
New Bern NC 28560	Transaction ID : 20b13a28-912a-4e52-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 14 2014
Type Type	
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State: NC
	ursement For: Primary X General
Per Election for Office Sought 304724.11 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	35.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
2 4.10	09 16 2014
Signature	

Schedule E)	120	PAGE 2 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	/ D D / Y Y Y Y Y
Full Name of Payee Joneisha Stewart		of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr		09 14 2014
Z329 Kullilyllieue Di	Amour	nt
City State Zip 0	Code	40.00
Marrero LA 700		action ID : f1e0779d-3e83-447a-b of Disbursement or Obligation
Purpose of Expenditure Salary Cat	tegory/	09 / 14 / 2014
Name of Federal Candidate	Support Office Sought	: House District: 00
Ms. Mary L Landrieu	X Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Ot	t For: Primary
Full Name of Payee	Date o	of Public Distribution/Dissemination
Joneisha Stewart		09 14 2014
Mailing Address 2329 Runnymede Dr		
	Amour	ıt
City State Zip	Code	6.30
Marrero LA 700	Transac Date o	ction ID : c5576e62-ce69-40f0-b of Disbursement or Obligation
Purpose of Expenditure Mileage Cat	tegory/ Type 002	09 14 2014
Name of Federal Candidate	Support Office Sought	t: House District: 00
Ms. Mary L Landrieu	∑ Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Ot	t For:
-		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	46.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
		45 45 45
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date 09	16 2014
Signature	54.0	

Schedule E)	VI EXI EIVE	TI OTILO	PAGE 3 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sue G Walker			09 / 14 / 2014
Mailing Address 3 Girard			Amount
City	State	Zip Code	75.00
Fort Smith	AR	72901	Transaction ID : 4e60eef8-9529-4ce5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	92842.92	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sue G Walker			09 / 14 / 2014
Mailing Address 3 Girard			Amount
City	State	Zip Code	4.80
Fort Smith	AR	72901	Transaction ID : b28f2f7b-b186-4743-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	92842.92	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		79.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candio party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 16 2014
5.g.iataro			

Schedule E)		PAGE 4 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		/ M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report	Amends report filed on	
Full Name of Payee Royce W Martin		of Public Distribution/Dissemination
Mailing Address 317 Farris Rd Apt 1	Amou	09 14 2014 unt
C'tata Zin	7: da	20.00
		20.00 saction ID : 461662b8-c3c4-49bd-a of Disbursement or Obligation
Purpose of Expenditure Salary		09
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Mr. Mark L Pryor	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 928	Disbursemer 2014	nt For:
Full Name of Payee Royce W Martin	_	of Public Distribution/Dissemination
Mailing Address 317 Farris Rd Apt 1	Amou	
City State Zip	Code	7.50
		action ID : a68fc441-dafb-47f7-b of Disbursement or Obligation
Purpose of Expenditure Mileage Ca	ategory/ Type 002	09 / 14 / 2014
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought	92842.92 Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	27.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· .	7 7 7
Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	y Filed] Date 09	16 2014
Signature		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 500330700
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Ashley n Thompson	09 14 2014
Mailing Address 272 Westgate Ct Apt 6	Amount
City State Zip Code	34.10
Lexington NC 27295	Transaction ID : fe6e49bb-5f80-4632-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 14 2014
Name of Federal Candidate Support Off	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Ashley n Thompson	09 14 2014
Mailing Address 272 Westgate Ct Apt 6	Amount
City State Zip Code	12.90
Lexington NC 27295	Transaction ID : 62ea6e9d-2292-4ff4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 14 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	47.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 16 2014
Signature	

Schedule E)	DENT EXICIO	ITOTILO	PAGE 6 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Randy G Lookabill			09 / 14 / 2014
Mailing Address 200 Carawood Lane			Amount
City	State	Zip Code	34.10
Lexington	NC	27295	Transaction ID : 29f3f21c-7c1c-432a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		304724.11	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			09 14 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	70.00
New Orleans	LA	70131	Transaction ID: e4a9b232-7c4b-435d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		117439.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		104.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IDENT EXTEND	ITOTILO	+	PAGE 7 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Tylan S Green			09	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		13.50
New Orleans	LA	70131		D: efdc95f7-d914-488d-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u></u>
Calendar Year-To-Date Per Election for Office Sought		117439.05	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			M M /	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		: 02da47c1-d6c3-454a-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	117439.05	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	63.50
			7	7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•	7
(c) TOTAL Independent Expenditures)	1 4 1 4 1
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 16	2014
•				

Schedule E)	JENT EXICID	ITOTILO	PAGE 8 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			09 14 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	37.80
Ville Platte	LA	70586	Transaction ID: 77d4a9a3-7ab7-443b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		117439.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	60.00
Eden	NC	27288	Transaction ID: 43bb7792-5a93-45bc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	304724.11	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		97.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	EXI EIID			PAGE 9 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Lisa Booth			M	of Public Distribution/Dissemination 9 14 2014
Mailing Address 1434 South Avenue			Amour	nt
City	State	Zip Code	$-\Gamma$	11.40
Eden	NC	27288		action ID: 5255f554-10d5-4d81-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	304724.11	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee Brandy Starns				of Public Distribution/Dissemination
, , , , , , , , , , , , , , , , , , ,				09 14 2014
Mailing Address 300 Evangeline St			Amou	nt
City	State	Zip Code		45.00
	LA	71201	Transa Date o	ction ID : 98ea8cdc-a18c-446e-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 14 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		117439.05	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			· [56.40
(b) SUBTOTAL of Unitemized Independent Expenditures	es		. —	
				7 7 7
(c) TOTAL Independent Expenditures			•	4 4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09	16 2014
Signature		_		

Schedule E)	PAGE 10 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed on	M M / D D / Y Y Y Y Y Y Y Y Y
Full Name of Payee Date Brandy Starns	e of Public Distribution/Dissemination
, and the second	09 14 2014
Mailing Address 300 Evangeline St	ount
City State Zip Code	9.00
	nsaction ID : d0085343-87cf-46b3-b e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 14 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Mary L Landrieu Presi	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	nent For:
	te of Public Distribution/Dissemination
Kenny Wallis	09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr	ount
City State Zip Code	25.00
North Little rock AR 72116 Tran	nsaction ID : 5facddc8-7626-4bb4-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 14 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	sident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	16 2014
Signature	

Schedule E)		1101120		PAGE 11 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				G coccordo
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	M / D D / Y H Y H Y H Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Kenny Wallis			M	09
Mailing Address 6412 Osage Dr			Amou	nt
City	State	Zip Code		13.80
North Little rock	AR	72116		action ID : ad5e8374-0a18-451a-a
Purpose of Expenditure Mileage		Category/ Type 002		of Disbursement or Obligation 09 14 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	Tiodec Bistrict.
Calendar Year-To-Date Per Election for Office Sought		92842.92	Disbursemen 2014	, ,
Full Name of Payee	7-1-5-			ther (specify)
Jackson S Tuttle				of Public Distribution/Dissemination
Mailing Address 404 Chancery Park Ct			L	09 14 2014
Mailing Address 404 Chancery Park Ct			Amou	nt
City	State	Zip Code	$-\Gamma$	40.00
Kernersville	NC	27284	Transa Date	oction ID: 2542304a-c641-4653-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 14 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	77	304724.11	Disbursemen 2014	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	∋ S		•	53.80
(b) SUBTOTAL of Unitemized Independent Expendit	tures			
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	16 2014
Signature		_		

Schedule E)		1101120		PAGE 12 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Jackson S Tuttle			Date of Pu	ublic Distribution/Dissemination
Mailing Address 404 Chancery Park Ct			09	14 2014
404 Chancery Lain Ot			Amount	
City	State	Zip Code		6.00
Kernersville	NC	27284		on ID: ac841a7b-f12a-4428-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		304724.11	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee				ublic Distribution/Dissemination
Gregory Green			M = M	/ D D / Y Y Y Y Y
Mailing Address 2506 Bolch Street			09	14 2014
2506 Bolch Street			Amount	
City	State	Zip Code	─ [] [80.00
Shreveport	LA	71104	Transactio Date of Di	n ID : 75d0d7a0-85b9-4c23-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		117439.05	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	86.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	
(c) TOTAL Independent Expenditures			· -	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electro)	nically Filed] Date	M M / D 1	6 2014
Signature				

Schedule E)		1101120		PAGE 13 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	W / D D / Y T T T T T T
Full Name of Payee Gregory Green				Public Distribution/Dissemination
Mailing Address 2506 Bolch Street			O	9 14 2014
ZOUD DOIGH Outeet			Amount	
City	State	Zip Code		69.00
Shreveport	LA	71104		ction ID : 1ee9a988-142b-4e62-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	117439.05	Disbursement 2014 Oth	For: Primary
Full Name of Payee			<u> </u>	Public Distribution/Dissemination
Lily Green				9 14 2014
Mailing Address 205 Medallion Circle				19 2017
			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119	Transac Date of	tion ID: 4b57637b-61e4-4329-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		9 / 14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		117439.05	Disbursement 2014 Oth	For: Primary X General Primary Primary Repectify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	149.00
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(c) TOTAL Independent Expenditures			· •	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature		_ · · · · · · · · · · · ·	ا لتنا ا	

Schedule E)	PAGE 14 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O coocci co
Check if 24-hour report	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Lily Green	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle Amo	ount
City State Zip Code	69.00
Shreveport LA 71119 Tran	nsaction ID : a25506f4-6bd6-400f-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
Full Name of Payee Date	e of Public Distribution/Dissemination
Francis Richardson	09 14 2014
Mailing Address 220 Doucet Rd	
Amo	Junt
City State Zip Code	28.00
Date	saction ID: 2dfa8264-d8fc-4856-b e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 14 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	97.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	16 2014
Signature	

Schedule E)	DENT EXTEND	ITOTIES	PAGE 15 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			09
City Lafayette	State LA	Zip Code 70503	1.89 Transaction ID : d1c0c2a3-880a-49cf-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	117439.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd			09 14 2014 Amount
City	State	Zip Code	80.00
Odessa	FL	33556	Transaction ID : 385ac875-a4cd-4894-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		92842.92	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		81.89
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 16 2014
JigiTatur e			

Schedule E)	ENT EXTEND	TIONES	PAGE 16 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	20.00
High Point	NC	27260	Transaction ID: 4690c192-c0a3-462e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	304724.11	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			09 14 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	12.90
High Point	NC	27260	Transaction ID : 9bfdb3d7-568a-4cfd-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	304724.11	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expendent	litures		32.90
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI EIV	DITORILO	PAGE 17 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Randy M Gold			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr			Amount
City	State	Zip Code	80.00
Elgin	SC	29045	Transaction ID: ff7890cc-5cf4-4fd2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		92842.92	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Randy M Gold			09 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr			Amount
City	State	Zip Code	59.97
Elgin	SC	29045	Transaction ID : 1ce6eba1-b275-40a4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	92842.92	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		139.97
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
			7 7 7
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	conically Filed] Date	09 16 2014
Signature			

Schedule E)	DENT EXTEND	TOTILO	PAGE 18 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			09 / 14 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	50.00
METAIRIE	LA	70003	Transaction ID: 964d8dc0-db52-46ee-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	17439.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			09 14 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	2.10
METAIRIE	LA	70003	Transaction ID : ca48d71a-e334-4e69-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		117439.05	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		52.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9			

Scł	hedule E)	L /(1 L.(2)	101120				PAGE 19 OF 24 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
 Che	eck if 24-hour report X 48-hour report	New repo	ort An	mends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Da	to of Public	c Distribution/Dissemination
	Patrice Wolfe					09	/ 14 2014
	Mailing Address 9909 Treasure Hill Rd				Am	nount	
-	City	State	Zip Code				35.00
	Little Rock	AR	72205				ID: 303a62b8-ff5c-42c7-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09	14 2014
ı	Name of Federal Candidate		'	Support	Office Sou	ught:	House District:00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		92842.92		Disbursen 2014	nent For: Other (sp	Primary
	Full Name of Payee Patrice Wolfe				Da	ite of Publi	c Distribution/Dissemination
	Patrice vvolle					M M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9909 Treasure Hill Rd				An	nount	
-	City	State	Zip Code		— Г		4.20
	Little Rock	AR	72205		Tra	nsaction II	D: 7ce71c63-e165-4b31-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			09	14 2014
	Name of Federal Candidate			Support	Office So	ught:	House District:00
	Mr. Mark L Pryor			Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		92842.9)2	Disbursen 2014	ment For: Other (sp	Primary X General pecify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures.						39.20
(I	b) SUBTOTAL of Unitemized Independent Expenditure	res					
							4
(0	c) TOTAL Independent Expenditures				·· •		7
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arry committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ DID 16	2014
	Signature		_				

Schedule E)		PAGE 20 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report	filed on M M M / D D / Y Y Y Y Y
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination
Mailing Address 111 Westchester Blvd		09 14 2014 Amount
Apt D4		Amount
City Star Slidell L	P	60.00 Transaction ID : d5eb75a8-9269-4ed3-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Oisbursement For: ☐ Primary X General Other (specify) ▶
Full Name of Payee Brooke A Gilham Mailing Address 168 Graduate Lane Apt 324		Date of Public Distribution/Dissemination
		Amount
City Sta	·	70.00 Transaction ID : f76debd4-ef28-4e34-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	09 16 2014
Signature		

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Brooke A Gilham		09 14 2014
Mailing Address 168 Graduate Lane Apt 324	Am	ount
City	ate Zip Code	35.40
		insaction ID : 387ba326-1241-40f8-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 14 / Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	Oppose Pres	sident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	304724.11 Disbursem	nent For: Primary
Full Name of Payee	Da	te of Public Distribution/Dissemination
Michael Vidrine		09 14 2014
Mailing Address 1103 West Wilson Street	Am	nount
City	ate Zip Code	70.00
		nsaction ID: 31c23cf5-46ca-48b2-b te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu	Oppose Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	117439.05 Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	105.40
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 7 7
(c) TOTAL Independent Expenditures	······	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	16 2014
Signature		

PAGE

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Schedule E)	ENT EXI END	HONES	PAGE 22 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street			09 14 2014 Amount
			Amount
City	State	Zip Code	39.60
Ville Platte	LA	70586	Transaction ID: 91d70c67-4fa0-4d29-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		117439.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			09 14 2014
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	70.00
Bellaire	NC	77401	Transaction ID : 562da5de-d8e4-434f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	117439.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. ▶ 109.60
(1) OUDTOTAL (11 ii i	100		
(b) SUBTOTAL of Unitemized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 16 7 2014
Signaturo			

Schedule E)				PAGE 23 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Kelly Dolan			Date of Pub	lic Distribution/Dissemination
Mailing Address 543 S 2nd St			09 Amount	14 2014
	21-1-			0.00
City Bellaire	State NC	Zip Code 77401		9.00 n ID: 689dd891-b76b-44bd-9 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dist	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	17439.05	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ▶
Full Name of Payee Serena A Jones Mailing Address 7151 Mullins Drive			Date of Pub M 09 Amount	olic Distribution/Dissemination / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		50.00
Saltville	VA	24370	Transaction Date of Dis	ID: 0f357974-5dc7-4460-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		304724.11	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent E	expenditures		.	59.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		· •	7
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the with, or at the request or suggestion of, are party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09 / 16	2014
Signature				

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Serena A Jones	09 14 2014
Mailing Address 7151 Mullins Drive	mount
City State Zip Code	24.90
Saltville VA 24370 Tr.	ransaction ID : fccf1077-0d3b-4994-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District:00
Ms Kay Hagan	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
5 11 11 12 12	Other (specify) ▶
Full Name of Payee Da	ate of Public Distribution/Dissemination
Mailing Address Ar	mount
City State Zip Code	
Di	ate of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office So	ought: House District:
	esident Senate State:
	ment For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	24.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	1752.26
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	16 2014
Signature	

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